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The United States, Dr.,  Payee's Account No.  (Payee)  (Address)  (City)  (State)  (Copy y continuation of Contract of Federal supply schedule, and other information deemed necessary)  PAYMENT:  Complete   Partial   Final   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No.  Total Shipped from to Weight Government B/L No.  (Sign original only)  Date 5-3  Fer Contract No.  Reg. No.  Parsuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$  SIGN ORIGINAL ONLY  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE ON SERVICES SECURED WITHOUT WRITTER AGREEMENT IN ANY FORM  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE ON SERVICES SECURED WITHOUT WRITTER AGREEMENT IN ANY FORM	Vouchas assa	ared at							- '-	~ .
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